

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10057822

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		5				
7		5				
8		5				
9	1					
10		1				
11		1				
12		1				
13		1				
14		1				
15	1					
16		1				
17		1				
18		1				
19	1					
20		1				
21	1					
22		2				
23	1					
24		1				
25		1				
26		1				
27	1	4				
28		4				
29		4				
30	1					
31		1				
32		1				
33		1				
34		1				
35	1					
36		1				
37		1				
38		1				
39	1					
40		1				
41	1					
42		1				
43	1					
44		1				
45		1				
46		1				
47		1				
48		1				
49	1					
50		1				
TOTAL IND.	13	↓		↓		↓
TOTAL DEP.	66	↓		↓		↓
TOTAL CLAIMS	82					

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55	1					
56		1				
57	1					
58		1				
59	1	1				
60						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS